

EXHIBIT 1

OCT-08-08 10:20AM FROM-Capacity Coverage

2012361027

T-780 P.902 F-862

Term Insurance Application Part A

**AIG. AMERICAN
GENERAL**

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

YH008778

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

1. Primary Proposed Insured

2. Выпав

A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section.)		
Name _____	Social Security or Tax ID # _____	Date of Birth _____
Address _____	City, State _____	ZIP _____
Home Phone _____	Relationship to Primary Proposed Insured _____	
Email _____		
B. Complete if Owner is a trust (If trustee is premium payor also complete section B.D.)		
Exact Name of Trust _____	Trust Tax ID # _____	
Address _____	City, State _____	ZIP _____
Email _____		
Current Trustee(s) _____	Date of Trust _____	

3. Plan of Insurance

Product Name <u>Select-A-Term 30</u>	Amount Applied For \$ <u>500,000</u>
Premium Class Quoted _____	Reason for Insurance _____
Riders/Benefits	
<input type="checkbox"/> Child Rider Amounts _____	(Complete Child Rider Attachment) or <input type="checkbox"/> No current children
<input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accidental Death Benefit Amounts _____	
<input type="checkbox"/> Disability Income Rider (Complete the following if DI Rider is requested)	
Number of Units (1 unit = \$100): _____	Occupational Class (Please check): <input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> Other Riders/Benefits #1 _____	Amount/Unit(s) _____
<input type="checkbox"/> Other Riders/Benefits #2 _____	Amount/Unit(s) _____

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4. Primary Beneficiary Name	<u>Julie ANN Chevola</u>		Relationship <u>Wife</u>	Share <u>100 %</u>		
Beneficiary Name			Relationship	Share	%	
Name			Relationship	Share	%	
5. Contingent Name	<u>LISA NICOLE Chevola</u>		Relationship <u>child</u>	Share <u>33 1/3 %</u>		
Beneficiary Name	<u>Nicholas Robert Chevola</u>		Relationship <u>child</u>	Share <u>33 1/3 %</u>		
Name	<u>ZACHARI MICHAEL Chevola</u>		Relationship <u>child</u>	Share <u>33 1/3 %</u>		
6. Trust Information (if Beneficiary) Exact Name of Trust						
Trust Tax ID #			Current Trustee(s)			Date of Trust

7. Business Insurance Details (Complete only if applying for business coverage.)

Does the Primary Proposed Insured have an ownership interest in the business? yes no

If yes, what is the percentage of ownership for the Primary Proposed Insured? _____ %

Net Profit of Business \$ _____ Fair Market Value of Business \$ _____

If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? yes no

Describe any special circumstances. _____

8. Premium Payment Model 3

A. Frequency of model premium: Annual Semi-annual Quarterly Monthly (Bank Draft only)

B. Method: Direct Billing Bank Draft (Complete Bank Draft Authorization.) List BII: Number _____

Credit Card - Initial Premium Only (Complete Credit Card Authorization.)

Other (Please explain.) _____

C. Amount submitted with application \$ _____

D. Premium Payor (Complete if other than Owner) Relationship to Primary Proposed Insured _____

Name _____

Social Security or Tax ID # _____

Address _____ City, State _____ ZIP _____

9. Health and Age Questions (Regarding the Primary Proposed Insured, if the correct answer to either question below is "yes" or any question is answered falsely or left blank, coverage is not available under the Limited Temporary Life Insurance Agreement ("LTIA") and it is void, and any payment submitted will be refunded. Read the LTIA for additional terms and conditions of coverage.)

A. Has the Primary Proposed Insured ever had a heart attack, stroke, cancer, diabetes, or disorder of the immune system, or during the last two years been confined to a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed? _____

B. Is the Primary Proposed Insured age 71 or above? yes no

10. Existing Coverage

A. Life and Annuity Coverage

Does the Primary Proposed Insured have any existing or pending annuities or life insurance policies? yes no
(If yes, complete the following regarding such annuities or life insurance policies.)

Type: i=individual; b=business; g=group; p=pending life insurance or annuity

Policy Number	Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Replace*
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

*Replace means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity. If replacement may be involved, complete and submit replacement-related forms. Please note: certain states require completion of replacement related forms even when other life insurance or annuities are not being replaced by the policy being applied for.

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10. Existing Coverage (continued)

B. Disability Coverage (Complete only if Disability Income Rider coverage requested.)

Does the Primary Proposed Insured have any existing or pending Disability insurance policies? yes no

(If yes, complete the following regarding existing or pending disability insurance.)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
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11. Background Information (Complete questions A through F. If yes answer applies to the Primary Proposed Insured, provide details specified after each question.)

A. Does the Primary Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? yes no

(If yes, list country, date, length of stay and purpose.)

B. In the past five years, has the Primary Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? yes no

(If yes, circle or list the applicable activities and complete the Aviation and/or Avocation Questionnaire.)

C. Has the Primary Proposed Insured:

1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? yes no

(If yes, list company name, amount applied for, purpose of insurance and if application will be placed.)

2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? yes no

(If yes, list date and reason.)

D. Has the Primary Proposed Insured ever filed for bankruptcy? yes no

(If yes, list chapter filed, date, reason and discharge date.)

E. In the past five years, has the Primary Proposed Insured been charged with or convicted of driving under the influence of alcohol or drugs or had any driving violations? yes no

(If yes, list date, state, license no. and specific violation.)

F. Has the Primary Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? yes no

(If yes, list date, state and charge.)

REMARKS

12. Details and Explanations

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American General Life Insurance Company, Houston, TX

AIG Life Insurance Company, Wilmington, DE

The United States Life Insurance Company in the City of New York, New York, NY

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of the Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether a loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTIA") - If I have received and accepted the LTIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section B; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous occupations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager; or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77201-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may request to be interviewed for the report; and receive, upon written request, a copy of such report. Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Primary Proposed Insured/Owner Signature

Signed at (city, state) Mahwah, New Jersey On (date) 9/30/08

Primary Proposed Insured X Robert J. Lehman

(If under age 18, signature of parent or guardian)

Owner (if other than Primary Proposed Insured) X

Agent Signature

I certify that the information supplied by the Primary Proposed Insured and Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print)

Agnes J. Lehman

Writing Agent #

Writing Agent Signature X

Agnes J. Lehman

Counter-signed

(Licensed resident agent if state required)

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Agent's Report

1. Statements

A. Number of years you have known the Primary Proposed Insured: _____

B. Does the Primary Proposed Insured have any existing or pending annuities or life insurance policies? Yes No
If yes, do you have any information that indicates that the Primary Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? Yes No
If yes, please provide details in the Remarks section below and attach all replacement-related forms. Certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for.

C. Are you aware of any other information that would adversely affect the Primary Proposed Insured's eligibility, acceptability, or insurability? *If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.* Yes No

D. Did you provide the Owner with a Limited Temporary Life Insurance Agreement? Yes No

2. Remarks, Details and Explanations (Please include information on any collateral assignment, etc.)

3. Commission, Agent/Agency Information (Please list servicing agent first.)

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
<u>CAPACITY BENEFITS +</u>	<u>FINANCIAL SVCS EXP LLC</u>	<u>B17035L</u>	<u>100</u>
			<u>%</u>
			<u>%</u>
			<u>%</u>

Writing Agent Name (Please print) DAVIS J. LIEMAN Date 9-30-08
 Writing Agent Signature X DJL
 State License # _____ Phone # _____
 Email _____ Fax # _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____

Servicing Agent (if other than writing agent) send policy/delivery requirements to _____